Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>4-24-08</u>	Address:	C.R. 37 NORTH OF C.R. 38
Case #;	<u>24F29202</u>		GOSHEN, IN
County:	<u>ELKHART</u>		
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply)	
	at/Glassware/Equipment (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open zir, etc)			
(check all that apply) Lithium/Atumonia Reaction(s): <u>ROADWAY</u>			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): <u>ROADWAY</u>			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): <u>ROADWAY</u>			
Corrosive Acid: ROADWAY			
Corrosive Base: ROADWAY			
Other (item and location):			
Child under age 18 discovered (check one) Investigative Information			
∐ Yes ⊠ No	(number present)	☐ Ephedrine/Pseudoephedrine Tracking Log☐ Retail/Merchant Tip☐ Other:	
	ort to Child Protective Services		
This report is to be faxed to the following agencies that serve the location:			
Fire Departm	nent: <u>CLINTON FIRE</u>	Fax: <u>574-642-3484</u>	
Health Department: ELKHART CO.		Fax: <u>(574)</u> 8 Fax:	75-3376
Child Protect	tion Service: <u>N/A</u>	- un	
For further information regarding this methamphetamine laboratory, contact investigating Officer: JASON FAULSTICH Phone 1-800-552-2959			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.